

# Assessment of psychosocial risk factors

Deepak Sharan<sup>1</sup>

Address for correspondence: <sup>1</sup> RECOUP Neuromusculoskeletal Rehabilitation Centre, Bangalore, INDIA.

**Abstract:** Aspects of work may not only contribute to physical stress but psychological stress as well. As long as we believe we have adequate control over all aspects of our job, we may experience normal stress. However, if we believe we have little control over job demands, we may suffer from distress with accompanying ill health and possible irrational behaviours. Under distress, the probability of an accident increases greatly. Research is examining work factors such as performance monitoring, incentive pay systems, and unreasonable management production demands to determine whether these factors have a negative effect on the musculoskeletal system. Another related area of research is to determine which personal, work, or societal factors contribute to acute musculoskeletal disorders developing into chronic or disabling problems. Objectives: This symposium will discuss methods of identification of psychosocial risk factors among the workers engaged in video display terminal use which is practised at our tertiary level rehabilitation centre.

Keywords: Workstyle, Musculoskeletal pain, Work-related psychosocial factors

## 1. Introduction

Although WRMSDs have been shown to result primarily from the biomechanical stressors induced by job demands, there is increasing evidence that they may be triggered or worsened by psychosocial work factors. Work-related psychosocial factors often referred as work organisational factors, are defined as perceptions or belief of workers about the way their work environment is organized. National Institute of Occupational Health and Safety (NIOSH) has identified five psychosocial factors related to musculoskeletal disorders, i.e., job satisfaction, intensified workload, monotonous work, job control, and social support. Bhandari et al.<sup>1</sup> reported strong associations between boredom, workload, and social support to musculoskeletal discomfort in computer professionals from India. Individual worker factors such as age, gender, culture, educational status, job satisfaction, and personality type have also been associated with development of WRMSDs.

## 2. Workstyle information

'Workstyle', or how a worker behaviourally, cognitively and physiologically responds to increased

or stressful work demands, has been proposed to help explain the link between ergonomic and psychosocial factors in work-related upper limb disorder symptoms and disorders (WRULD). In the present method of evaluation a questionnaire developed by Feuerstein et al<sup>2</sup> was used for evaluating the workstyle factors among the workers engaged in computer work. The short form workstyle questionnaire with 32 items was used in the study to assess workstyle in the participants. The measurements aim to capture worker's behavioural, physiological, and cognitive responses to a perceived high level of workload. The questionnaire consists of 8 subscales (i.e. working through pain, social reactivity, limited workplace support, breaks, deadlines and pressure, self-imposed workload, mood, and autonomic). The items in each subscale were mainly scored on a five point scale (almost never (0)-almost always (4)) or a dichotomous scale (yes-no). Majority of the questions (Q1-22, Q25-32) that ask the participants to rate their emotion and behaviour during a high level of workload were summed. However, two questions (Q23 and 24) that are related to positive work behaviours such as taking breaks were scored negatively. A total score of 28 or higher was considered as high risk of adverse workstyle.

**References**

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